PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fee E TRANSMITTAL   Filing Date   October 31, 2003   First Named Inventor   Kazuo Okada   Examiner Name   C. E. Rendon   At Unit   3714   At Unit   3714	Effective on 12/08/2004.	Complete if Known							
For FY 2009		Application Num	ber 10	1.					
For FY 2009	Tee Transmi	Filing Date October		tober 31, 2003					
Application Type Fee (s) Pee (		First Named Inve	entor Ka	azuo Okada					
Note   Continue   Co	F01 F1 2009	Examiner Name	C	. E. Rendon					
METHOD OF PAYMENT (check all that apply)	Applicant claims small entity status. Se	Applicant claims small entity status. See 37 CFR 1.27							
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number 18-0013 Deposit Account Name Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	TOTAL AMOUNT OF PAYMENT (\$	810.00	Attorney Docket N	No. SI	HO-0055				
Deposit Account Deposit Account Number   18-0013   Deposit Account Name: Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	METHOD OF PAYMENT (check all tha	it apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check Credit Card Mo	ney Order No	ne Other (	please identif	y):				
Charge fee(s) indicated below	X Deposit Account Deposit Account Number	18-0013	Deposit A	.ccount Name:_	Rader, Fishm	an & Gra	uer PLLC		
Telephone   Tele	For the above-identified deposit ac	count, the Director is	s hereby authorized	d to: (check	all that apply)				
FEE CALCULATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Fee (\$)	x Charge fee(s) indicated below	N	Charge	fee(s) indic	cated below, ex	cept for th	ne filing fee		
The provisional   1	Charge any additional fee(s) fee(s) under 37 CFR 1.16 an	or underpayments o d 1.17	f x Credit a	any overpay	rments				
Filling FEES   Small Entity   Fee (\$)   Fee	FEE CALCULATION		· · · · · · · · · · · · · · · · · · ·						
Application Type	1. BASIC FILING, SEARCH, AND EXAMI	NATION FEES							
Design   220   110   100   50   140   70   70   70   70   70   70   70	1			EXAMINA					
Design   220   110   100   50   140   70				Fee (\$)		Fees F	Paid (\$)		
Plant	Utility 330	165 540	270	220	110				
Reissue   330   165   540   270   650   325	Design 220	110 100	50	140	70				
Provisional 220 110 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant 220	110 330	165	170	85				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Extra Claims See (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Sec (\$) HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x  - 100 = /50 = (round up to a whole number) x  Fee Paid (\$)  100 = /50 = (round up to a whole number) x  Fee Paid (\$)  Registration No. (RCE) (see 37 810.00	Reissue 330	165 540	270	650	325				
Fee Description   Each claim over 20 (including Reissues)   52   26	Provisional 220	110 0	0	0	0				
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  9 -25 or HP	2. EXCESS CLAIM FEES								
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims 9 -25 or HP x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims 3 - 9 or HP = x = Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x =   4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity)  Other (e.g., late filling surcharge):  1801 Request for continued examination (RCE) (see 37 810.00)  SUBMITTED BY  Signature  Registration No. (Automay/Agent) 29,211 Telephone (202) 955-3750	<del>-                                   </del>	>							
Multiple dependent claims    Sextra Claims		•							
Total Claims 9 -25 or HP x = Multiple Dependent Claims HP = highest number of total claims paid for, if greater than 20.  Indep. Claims 3 -9 or HP = x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x = Hees Paid (\$)  Fee Paid (\$)	•	ing Keissues)							
9 -25 or HP x =   Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims		Fee (\$) ==	ee Paid (\$)	M	itinle Denende				
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims			CC Faid (#)						
3 - 9 or HP = x = HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x = (round up to a w	HP = highest number of total claims paid for, if great						<b>-</b> -		
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets			<del> </del>						
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listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets		eed 100 sheets of	paper (excluding	a electroni	cally filed sen	uence or	computer		
Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)	listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity  Other (e.g., late filing surcharge):  1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Signature  Registration No. 29,211 Telephone (202) 955-3750	Total Sheets Extra Sheets	Number of each a	additional 50 or frac	tion thereof			Paid (\$)		
Non-English Specification, \$130 fee (no small entity  Other (e.g., late filing surcharge):  1801 Request for continued examination (RCE) (see 37 810.00  SUBMITTED BY  Signature  Registration No. (Aktorney/Agent) 29,211 Telephone (202) 955-3750		0 =	(round up to a who	le number) x	=		Daid (A)		
surcharge):									
Signature Registration No. 29,211 Telephone (202) 955-3750									
Signature Registration No. 29,211 Telephone (202) 955-3750	SUBMITTED BY								
(Automotivagent)				29,211	Telephone	(202) 95	5-3750		
	Name (Print/Type) Carl Schaukowitch		(AutomoyrAgent)	<del></del>	Date	<del>```</del>	<del></del>		

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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AND AT PARTIES	9/

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 48	818).	Application Number	10/697,28	10/697,281-Conf. #8441			
FEE TRANSMITTAL	Filing Date	October 3	October 31, 2003				
For FY 2009		First Named Inventor	Kazuo Oka	Kazuo Okada			
F01 F1 2009	$\dashv$	Examiner Name	C. E. Rend	E. Rendon			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3714				
TOTAL AMOUNT OF PAYMENT (\$) 810.00		Attorney Docket No.	SHO-0055	5			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order	Nor	ne Other (please	identify):				
x Deposit Account Deposit Account Number: 18-00	13	Deposit Account N	lame: Rader, F	ishman & Graue	r PLLC		
For the above-identified deposit account, the Direct	ctor is	hereby authorized to: (c	heck all that ap	pply)			
x Charge fee(s) indicated below		Charge fee(s	) indicated belo	w, except for the	filing fee		
Charge any additional fee(s) or underpayme	nts of	x Credit any ov	erpayments				
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES		ARCH FEES EXA	MINATION FI	EES			
Small Entity		Small Entity	Small En		-4 /#\		
	ee (\$			_	<u>a (\$)</u>		
	540	270 22	_	***			
	100	50 14	-				
	330	165 17	_				
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Provisional 220 110	0	0	0 0				
2. EXCESS CLAIM FEES				<u>Sr</u> Fee_(\$)	nall Entity Fee (\$)		
Fee Description  Fach claim over 20 (including Reissure)				52	26		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues	٠,			220	110		
Multiple dependent claims	·)			390	195		
_ ' '	-	Deid (#)	Multiple Do	pendent Claims	133		
Total Claims Extra Claims Fee (\$) 9 -25 or HP x =		ee Paid (\$)		Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.		<del></del>	<u>Fee (\$)</u>	ree raid (4)			
Indep. Claims Extra Claims Fee (\$)	F	ee Paid (\$)					
3 -9 or HP = x =		55 · u.u (\$)					
HP = highest number of independent claims paid for, if greater than 3	J.	<del></del>					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 shee	ts of	paper (excluding elec	tronically file	d sequence or co	mputer		
listings under 37 CFR 1.52(e)), the application	size	fee due is \$270 (\$135	for small ent	tity) for each add	itional 50		
sheets or fraction thereof. See 35 U.S.C. 41(a)		•	•	.a. P B.	.i (A)		
		idditional 50 or fraction th		(\$) <u>Fee Pa</u>	10 (\$)		
- 100 = /50 = (round up to a whole number) x =							
Non-English Specification, \$130 fee (no small entity							
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Other (e.g., late filing surcharge):  1801 Request for	r con	tinued examination (F	RCE) (see 37	810	.00		
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent) 29,2	11 Telephon	ne (202) 955-	3750		
Name (Print/Type) Carl Schaukowitch		I to around Nu Result	Date	June 23, 2			
The state of the s			1				

## AMENDMENT TRANSMITTAL LETTER

Docket No. SHO-0055

Application No. 10/697,281-Conf. #8441

Filing Date October 31, 2003

Examiner C. E. Rendon Art Unit 3714

Applicant(s): Kazuo OKADA

Invention: GAMING MACHINE AND DISPLAY DEVICE WITH FAIL-TOLERANT IMAGE DISPLAYING

(As amended)

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CL	AIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highes Numbe Previous Paid	r	Number Extra Claims Present	Rate		
Total Claims	9	- 25	=	0	×	52.00	0.00
Independent Claims	3	- 9	=	0	x	220.00	0.00
Multiple Depend	dent Claims (ch	eck if appl	icabl	e)			
Other fee (please specify): Request for Continued Examination 810.00							810.00
TOTAL ADDIT	IONAL FEE FO	OR THIS A	ME	NDMENT:			810.00
x Large Entity	1					Small Entity	,
No additiona	al fee is require	d for this a	amei	ndment.			
X Please charge Deposit Account No. 18-0013 in the amount of \$ 810.00 .  A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ to cover the filing fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.  X The Director is hereby authorized to charge and credit Deposit Account No							
x Credit any overpayment.  x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
Carl Schaukow Attorney/Agent		211				Dated:	June 23, 2009
RADER, FISHM 1233 20th Stree Suite 501 Washington, D (202) 955-3750	et, N.W. C 20036	R PLLC					

IUN 2 3 200a

## **AMENDMENT TRANSMITTAL LETTER**

Docket No. SHO-0055

Application No. 10/697,281-Conf. #8441

Filing Date October 31, 2003 Examiner C. E. Rendon

Art Unit 3714

Applicant(s): Kazuo OKADA

Invention: GAMING MACHINE AND DISPLAY DEVICE WITH FAIL-TOLERANT IMAGE DISPLAYING

(As amended)

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

	<u>.</u>	CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	9	- 25 =	0	Х	52.00	0.00
Independent Claims	3	- 9 =	0	х	220.00	0.00
Multiple Depend	lent Claims (ch	eck if applicab	le)			
Other fee (pleas	e specify): F	lequest for Con	tinued Examina	ation		810.00
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:			810.00
x Large Entity	· · · · · · · · · · · · · · · · · · ·				Small Entity	
No additiona	al fee is require	d for this ame	ndment.			
Please charge A duplicate of	ge Deposit Acc			n the ar	mount of \$	810.00
A check in th	ne amount of \$		to cover	the filir	ng fee is end	losed.
Payment by	credit card. Fo	orm PTO-2038	is attached.			
The Director is hereby authorized to charge and credit Deposit Account No18-0013 as described below. A duplicate copy of this sheet is enclosed.						
x Credit any overpayment.						
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.						
( all 1	)( <u> </u>			•	Dated:	June 23, 2009
Carl Schaukow Attorney/Agent		211				
RADER, FISHM 1233 20th Street Suite 501 Washington, D0 (202) 955-3750	et, N.W. C 20036	R PLLC				